

## ISSUE S1 STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   | HS       |        | 9/9/99  |
| O.I.P.E. CLASSIFIER | PS       |        | 9/13/99 |
| FORMALITY REVIEW    |          | 61780  | 9-17    |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Date |
|-------|------|
| Final | 2/20 |
| 1     | ✓    |
| 2     | ✓    |
| 3     | ✓    |
| 4     | X    |
| 5     | X    |
| 6     | ✓    |
| 7     | ✓    |
| 8     | ✓    |
| 9     | ✓    |
| 10    | ✓    |
| 11    | X    |
| 12    | ✓    |
| 13    | ✓    |
| 14    | ✓    |
| 15    | ✓    |
| 16    | ✓    |
| 17    | X    |
| 18    | ✓    |
| 19    | ✓    |
| 20    | ✓    |
| 21    | ✓    |
| 22    | ✓    |
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| Claim    | Date |
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| Final    |      |
| Original |      |
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| Claim    | Date |
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| Final    |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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